

# CONSUMER COMPLAINT FORM - HEALTH SPA

## OFFICE OF THE ATTORNEY GENERAL

### CONSUMER PROTECTION DIVISION

AG Form #212 02-96

**STATEWIDE TOLL FREE 800-551-4636**  
**HEARING IMPAIRED - TDD 800-276-9883 or local 206-464-7293**

Bellingham: Island, San Juan, Skagit and Whatcom counties. 103 E. HOLLY SUITE 308 BELLINGHAM, WA 98225 (360) 738-6185 FAX (360) 738-6190	Seattle: King, Snohomish, Clallam and Jefferson counties and Bainbridge Island. 900 FOURTH AVENUE SUITE 2000 SEATTLE WA 98164-1012 (206) 464-6684 FAX (206) 464-6451	Olympia: Thurston County. 905 PLUM ST SE # 3 PO BOX 40118 OLYMPIA, WA 98504-0118 (360) 753-6210 FAX (360) 664-2585
Tacoma: Pierce, Mason, Grays Harbor and Kitsap 1019 PACIFIC AVENUE SOUTH 3 <sup>RD</sup> FLR TACOMA WA 98402-4411 (206) 593-2904 FAX (206) 593-2449	Spokane: Central-Northeastern Washington. WEST 1116 RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 FAX (509) 456-2486	Kennewick: Southeastern Washington. 500 N MORAIN ST SUITE 1250 KENNEWICK WA 99336-2607 (509) 546-4360 FAX (509) 734-7290

**Please type or print. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.**

Vancouver: Southwestern Washington.  
500 W 8<sup>TH</sup> Suite 55  
VANCOUVER WA 98660-3007  
(360) 690-4751 FAX (360) 690-4762

**Please include copies of related documents. SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS!**

### CONSUMER INFORMATION

Name: \_\_\_\_\_  
*Please Print or Type*      *Last*      *First*      *Middle Initial*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

**This office will handle a complaint only if a copy of your complaint can be sent to the business.** If you do not want your complaint sent to the business, please explain: \_\_\_\_\_

### BUSINESS INFORMATION

Name of Business Involved: \_\_\_\_\_  
*Please Print or Type*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Name of Owner or Manager (if known): \_\_\_\_\_

### ABOUT YOUR COMPLAINT . . .

Identify the location of the facility you attended if different from the business address above: \_\_\_\_\_

\_\_\_\_\_

Date of membership purchase: \_\_\_\_\_ Name of salesperson: \_\_\_\_\_

Membership price: \_\_\_\_\_ Type of membership contract: \_\_\_\_\_

If a bank or finance company is involved, identify the name and address: \_\_\_\_\_

\_\_\_\_\_

Was an advertisement, prize offer or other promotion involved in your first contact with the business? \_\_\_\_\_

Have you complained to the business? \_\_\_\_\_ If YES, to whom: \_\_\_\_\_

What response did you receive? \_\_\_\_\_

\_\_\_\_\_

If you have not contacted the business, explain why not: \_\_\_\_\_

\_\_\_\_\_

Have you filed a complaint about this business with the Attorney General's Office before? \_\_\_\_\_

If YES, list the file number assigned to that complaint: \_\_\_\_\_

Have you contacted a private attorney? \_\_\_\_\_ If YES, identify the name and address of the attorney: \_\_\_\_\_

\_\_\_\_\_

Is there a court or other legal proceeding pending? \_\_\_\_\_ If YES, please identify in the detailed explanation of your complaint.

Date \_\_\_\_\_